



STATE OF IDAHO
REMOVAL OF CONVEYANCE FROM ACTIVE STATUS

Division of Building Safety
Industrial Safety - Elevator Safety Program
1090 E. Watertower St. Meridian, ID 83642
(208) 334-2129, Fax (208) 855-9669
dbs.idaho.gov



INSTRUCTIONS:

- This form is to be completed by the owner or owner's representative of the elevator/conveyance.
- Please complete a form for each elevator/conveyance.
- E-Mail address is requested

BUILDING INFORMATION:

OWNER INFORMATION:

Bldg Name:	Owner Name:
Address:	Contact:
City & Zip:	Address:
Phone:	City/State/Zip:
State ID #:	Phone:
Serial #:	E-mail:

EQUIPMENT DATA / TYPE / USE

<input type="checkbox"/> Passenger	<input type="checkbox"/> Freight	<input type="checkbox"/> Material Only
<input type="checkbox"/> Elevator	<input type="checkbox"/> Moving Walk	<input type="checkbox"/> Dumbwaiter
<input type="checkbox"/> Escalator	<input type="checkbox"/> Platform / Chairlift	<input type="checkbox"/> Material Lift

DRIVE TYPE	MACHINE LOCATION	RATED SPEED/RISE	ADDITIONAL PARAMETERS
<input type="checkbox"/> Traction / Elec.	<input type="checkbox"/> Overhead <input type="checkbox"/> None	DN: fpm	No. of floors:
<input type="checkbox"/> Hydraulic	<input type="checkbox"/> Basement	UP: fpm	Front openings:
<input type="checkbox"/> Direct plunger	<input type="checkbox"/> Adjacent		Rear openings:
<input type="checkbox"/> Chain sprocket	<input type="checkbox"/> Removed	Blind Hoistway: Y N	Angle of incline: °
<input type="checkbox"/> Lever hydraulic	<input type="checkbox"/> Machine below	Total travel:	Capacity: lbs.
<input type="checkbox"/> Roped sprocket			Clear overhead: ft.

REMOVAL INFORMATION

The conveyance is being removed from active operational status for the following reason(s):

- ☐ Immediate hazard to life & limb
- ☐ Uncorrected safety or code violations
- ☐ No current Certificate to Operate
- ☐ No installation or alteration permit
- ☐ Voluntary removal from service

EXPLANATION:

ACKNOWLEDGEMENT

The owner or owner's representative acknowledges that this unit cannot be used for any purpose nor returned to active service until a safety inspection has been performed by the Division of Building Safety and a Certificate to Operate has been obtained. All outstanding fees relating to this unit must be paid in full. Failure to abide by these regulations will affect the Certificate to Operate.

Effective: _____

State Elevator Inspector: _____ No: _____ Date: _____

Owner or owner's representative: _____ Date: _____